



02/22/02 Practitioner's Docket No. 1062-013(61632)

02/22/02 A PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): David G. McLeod; Doug McCollum

For (title): AUTOMOTIVE ROOF MODULE AND METHOD OF ASSEMBLY OF THE
MODULE TO AN AUTOMOTIVE VEHICLE

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10*
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Express Mail certification is optional.)

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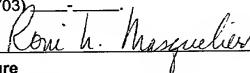
deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. **37 C.F.R. Section 1.8(a)** **37 C.F.R. Section 1.10***

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TRANSMISSION

transmitted by facsimile to the Patent and Trademark Office (703) _____

Date: 02-22-02



Signature

Roni Masquelier

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1. Type of Application

This transmittal is for an original (nonprovisional) application.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

9 Page(s) of Specification

4 Page(s) of Claims

2 Sheet(s) of Drawing(s)—Formal (Figs. 1-2)

B. Other Papers Enclosed

3 Page(s) of declaration and power of attorney

1 Page(s) of abstract

1 Page(s) of Application Data Sheet

3. Declaration or Oath

Enclosed

Unexecuted.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Assignment

An assignment of the invention to The Dow Chemical Company will follow.

7. Fee Calculation (37 C.F.R. Section 1.16)

Regular Application

CLAIMS AS FILED

Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$740.00
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Total Claims (37 CFR 1.16(c))	21	- 20 =	1 x	\$18.00	\$18.00
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Independent Claims (37 CFR 1.16(b))	3	- 3 =	0 x	\$84.00	\$0.00
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Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$270.00	\$0.00
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Filing Fee Calculation	\$758.00
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8. Fee Payment Being Made at This Time

Enclosed	
Filing Fee	\$758.00

Total Fees Enclosed	\$758.00
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9. Method of Payment of Fees

Check in the amount of \$758.00 is attached. Please charge any fee deficiencies to deposit account 50-1097.

10. Instructions as to Overpayment

Refund.

Date: 2-22-02



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